

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. <b>097980768</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		/
2		/					52		/
3		/					53		/
4		/					54		/
5		/					55		/
6		/					56		/
7		/					57		/
8		/					58		/
9		/					59		/
10		/					60		/
11		/					61		/
12		/					62		/
13		/					63		/
14		/					64		/
15		/					65		/
16		/					66		/
17		/					67		/
18		/					68		/
19		/					69		/
20		/					70		/
21		/					71		/
22		/					72		/
23		/					73		/
24		/					74		/
25		/					75		/
26		/					76		/
27		/					77		/
28		/					78		/
29		/					79		/
30		/					80		/
31		/					81		/
32		/					82		/
33		/					83		/
34		/					84		/
35		/					85		/
36		/					86		/
37		/					87		/
38		/					88		/
39		/					89	/	
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48		/					98		
49		/					99		
50		/					100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	87						TOTAL DEP.		
TOTAL CLAIMS	89						TOTAL CLAIMS		